

iodine baths of the strength of one ounce of iodine to a gallon of water, a treatment, by the way, which was devised by Dr. Langley Porter some time ago, seems to give the patients the greatest amount of comfort. These baths are given at a temperature of about 100 to 110° F. and the patient is kept in them for an hour at a time. That the iodine has some virtue is shown by the fact that plain water has not the same effect. The speaker was surprised to find an article in the Journal of the A. M. A. in which the writer claimed originality for this method of treatment, but Dr. Porter had antedated him by several years. Trager recommends aluminum acetate fifty parts to a thousand parts of alcohol dipped in cotton and laid over the face. He claims that pitting is checked by its use.

To summarize—there is no possible excuse for the appearance of smallpox in a civilized community at the present day. If it should appear, isolate your patient, vaccinate contacts, and then go forth and vaccinate the multitudes. And smallpox will be a disease relegated to historical treatises.

References.

- Vaccination and its results—British Royal Commission.
Practical treatise on smallpox—Fox.
The skin and the eruptive fevers—Schamberg.
Hand books of fevers—McClure.
Variola—Ch. Baumbler, Freiburg.
Infectious diseases—Roger.
Infectious diseases—C. B. Ker.
Acute contagious diseases—Welch and Schamberg.
Diagnosis of smallpox—Ricketts and Byles.
Acute infectious exanthemata—Corlett.
The treatment of acute infectious diseases—Meara.

NOTES ON SKIN DISEASES OBSERVED AT THE LETTERMAN GENERAL HOSPITAL.*

By H. E. Alderson, M. D., Associate Clinical Professor of Medicine (Skin Diseases), Stanford University Medical School, San Francisco, California.

During the period of 1916-19, I had the privilege of serving (unofficially) as consultant dermatologist at the Letterman General Hospital (a military hospital of 1800 beds), Presidio, San Francisco, when over 510 examples of cutaneous eruptions were seen by me. Most of these patients had seen active service in Europe or in Siberia. Only those cases where the diagnosis was uncertain or where treatment was not bringing desired results, were referred to me, so these cases do not constitute all that were in the hospital. For instance only eighteen syphilitics were seen by me, but the total number of luetic patients was very much greater, as the records will show. Probably the dermatoses here recorded were those that ordinarily would have been referred to a specialist anyway, so from a statistical point of view, the report to follow should have the same relative value as the American Dermatological Association reports.

Cases.	Cases.
Acne Vulgaris..... 64	Eczema 27
Alopecia 1	Epithelioma 2
Alopecia Areata..... 5	Erythema Multiforme... 3
Bromidrosis 2	Erythema nodosum..... 1
Canities 1	Erythema toxicum..... 1
Chloasma 1	Folliculitis 11
Dermatitis Exfoliativa... 1	Furuncle 3
Dermatitis Factitia..... 2	Herpes simplex..... 2
Dermatitis Traumatica... 2	Herpes Zoster..... 2
Dermatitis Venenata..... 38	Hyperidrosis 4

* Owing to space limitations, only a summary of this article is here presented. The full article will appear in reprints which can be secured from the author.

Ichthyosis 1	Scabies 69
Impetigo contagiosum..... 29	Seborrhea 25
Intertrigo 2	Sycosis 3
Keloid 1	Syphilis { Early 1 Secondary 7 Late 10 }
Keratosis pilaris 2	
Leprosy 1	
Lichen planus 1	Tinea trichophytina..... 18
Lupus erythematosus..... 5	Tinea Cruris..... 2
Naevus papillaris 1	Tinea Cruris..... 107
Oedema circumscriptum 1	Tuberculosis 1
Paronychia 1	Ulcer (varicose)..... 2
Pediculosis corporis..... 2	Ulcer 1
Pediculosis pubis..... 2	Urticaria 18
Pityriasis rosea..... 5	Verruca 1
Pompholyx 8	Vitiligo 2
Pruritus 8	Xanthoma tuberosum 1
Psoriasis 15	Multiplex 1
Rosacea 1	Xerosis 4

A comparison of the foregoing with the statistics of the American Dermatological Association (based on over 500,000 cases) may be of interest. The fact that this small series represents mostly young men of military age, whereas the Association reports include both sexes, all classes and ages, accounts for the discrepancies in the percentages shown herein. These differences in a measure have some bearing on etiology and are presented here for what they are worth.

LETTERMAN HOSPITAL CASES.	Per Cent.	American Dermatological Association Statistics, Per Cent.
Acne Vulgaris.....	12.45	7.559
Alopecia 0.196	2.507	
Alopecia Areata.....	0.98	0.877
Bromidrosis 0.392	0.065	
Canities 0.196	0.059	
Chloasma 0.196	0.3202	
Dermatitis Exfoliativa.....	0.196	0.078
Dermatitis Factitia.....	0.392	0.075
Dermatitis Traumatica.....	0.392	0.577
Dermatitis Venenata.....	7.44	2.388
Eczema 5.29	18.578	
Epithelioma 0.392	1.394	
Erythema Multiforme.....	0.5882	0.604
Erythema Nodosum.....	0.196	0.119
Erythema Toxicum.....	0.196	0.207
Folliculitis 2.156	0.242	
Furunculus 0.5882	1.846	
Herpes Simplex.....	0.392	0.756
Herpes Zoster.....	0.392	0.937
Hyperidrosis 0.784	0.4107	
Ichthyosis 0.196	0.1509	
Impetigo 5.6862	5.166	
Intertrigo 0.392	0.2405	
Keloid 0.196	0.169	
Keratosis Follicularis.....	0.392	0.028
Leprosy 0.196	0.035	
Lichen Planus.....	0.196	0.478
Lupus Erythematosus.....	0.98	0.356
Naevus Papillaris.....	0.196	0.024
Oedema Circumscriptum Acutum	0.196	0.094
Paronychia 0.196	0.214	
Pediculosis Corporis.....	0.196	0.765
Pediculosis Pubis.....	0.392	0.268
Pityriasis Rosea.....	1.568	0.484
Pompholyx 0.98	0.285	
Pruritus 1.568	1.421	
Psoriasis 2.941	2.6506	
Scabies 13.529	5.9408	
Seborrhea 4.9	1.851	
Sycosis Vulgaris.....	0.5882	0.589
Syphiloderma 3.528	9.442	
Tinea Trichophytina.....	0.392	0.477
Tinea Cruris.....	20.98	
Tuberculosis 0.196	0.118	
Ulcer 0.392	1.6605	
Urticaria 3.528	3.118	
Verruca 0.196	1.123	
Vitiligo 0.392	0.2508	
Xanthoma 0.196	0.092	
Xerosis 0.784	0.077	
Ulcer (phagedenic).....	0.196	

In closing I wish to express my appreciation

of the many courtesies extended me by the following medical officers in whose services these patients were seen: Col. Mudd, Col. Northington, Col. Winterberg, Major J. W. Shiels, Major W. C. Chidester, Major H. C. Moffitt, Major Offut, Major Eloesser, Captain Doane, and Captain Petch.

Original Articles

THE SIGNIFICANCE OF THE SCIENCE OF OBSTETRICS AND GYNECOLOGY CONSIDERED AS SPECIALTIES.*

By HENRY P. NEWMAN, A. M., M. D., F. A. C. S.,
San Diego, California.

Members of the section and guests: In appreciation of the honor of chairmanship conferred upon me by this section, I shall use the ten minutes allotted for the function of opening the session, not in any attempt to compass the field of achievement and progress in the specialties we represent, but in a brief survey of our present position in medicine and our outlook.

The time-honored privilege of section leaders is to recount the statistics of development as exemplified in lists of new procedures and discoveries as well as modifications of older methods. This is now rendered, to a certain extent, superfluous by the very illuminating literature of the day. You are too familiar with current medical history to devote any of the valuable time of this meeting listening to recapitulation. But the vital issues of special practice are not, after all, those of the flesh but of the spirit.

What keeps medicine in an unassailable place, is not knife, needle or suture, nor the skill of the hands that wield them; it is the indomitable purpose to help and save humanity from its own errors, at whatever price. It is just the lack of this vital principle that distinguishes practitioners of the free and unlimited profession of medicine from those of other so-called "schools," whose claim to existence is founded on allegiance to manner and method. If this were better understood there would be less confusion concerning the merits of this and that system.

Gentlemen, we are not here because we are artists or artisans of methods and procedures, but because of our lifelong preoccupation with disease, and our determination to conquer, by mutual study and communication, ever advancing and widening fields of endeavor. The preparation for the right to practice such a profession as ours is being made harder and more exacting every year, and this by our own election. With every year that multiplies practitioners of the easier, "get-rich-quick" schools, we demand from ourselves a *stricter accountability to the law, a greater responsibility toward our patients and a higher standard of ideals in answering to our conscience*. It is not for our livelihood that we follow this science, but for higher values in human life. You will ask, just what bearing has all this on the particular business of this section? And the answer is: Since

we know that all reforms in medicine and all stimuli to progress come from within the profession rather than without; since our advancement never comes in response to public clamor but to our own urge for progress, each branch has its own part to play in the process of evolution, and it is on such occasions as this that the opportunity is greatest. Obstetrics and gynecology, we like to think, have more than proportional share of responsibility. If the body must be whole and healthy, in order that it may allow the mind to functionate in a whole and healthy manner, certainly the pelvic region in women is concerned to the highest degree in maintaining bodily health.

The most poignant issues of life are touched when gynecic disease manifests itself, and what facts of life are more significant to the individual and to the community than those of conception, pregnancy and childbirth? That these shall be realized in the best and most effective sense, to the degree of their highest possibilities for social betterment, is the inescapable business of these branches which concern themselves with the prevention and cure of pelvic ailments.

That *Obstetrics* is something infinitely beyond the cleverest art of midwifery, and that *Gynecology* is vastly more than surgery of the pelvis, is the truth which underlies the existence of these branches as separate specialties. The general surgeon who thinks it no trick to add the practice of pelvic surgery to his general field, has not grasped the significance of this science in its human relations, and the great discovery of the present day, fellow practitioners, is that in the last analysis all arts and sciences converge in human values. The general surgeon cannot compass, in the wide range of his activities, any more than the manual art of pelvis work, and that is not gynecology. Every one who has devoted himself, even for a little to what is involved in handling his cases of gynecic difficulty, has learned that the pelvic region demands its specialists as exclusively as does the eye, ear, nose and throat, etc.

It is no longer thought appropriate for the general practitioner or general surgeon to attempt the intricate and elaborate work of these areas, and the reason for this needs no explanation nor defense.

Very much more is pelvic work, with its involved issues of hygiene, mode of life, social relations, marital and domestic, a personal and elaborate one, worthy of the utmost zeal and application of one whole lifetime of study. Those who have already devoted to it their years of effort realize how much more than one lifetime could be profitably and rewardingly spent on this one subject. We find, too, how intimately the two specialties which are here brought together encroach upon each other's domain. One advances by the other,—suffers by the deterioration of the other. We also find that the line of demarcation is never lost; that gynecology remains still gynecology, and obstetrics, obstetrics, and that neither can ever be merged into any other branch without loss to medicine; that on the other hand, in common with every other specialty, the conscience of the

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